



200 North Second Street, Suite 303
Saint Charles, Missouri 63301-2851
636.949.3227
636.949.3557 Fax
www.stcharlescitymo.gov

**CITY OF ST. CHARLES, MISSOURI
DRAINLAYER
OCCUPATION LICENSE APPLICATION
Fiscal Year July 1, 2014 – June 30, 2015**

Company Name

License Holder

Address

City, State, Zip Code

Telephone Number

**LICENSE FEE: \$20.00/Year
 \$10.00/ ½ year**

License Renewal _____ New License _____ (check one)

**I (We) hereby make application for a Drainlayer license for the period beginning
July 1, 2014, and ending June 30, 2015**

Signature of Applicant

Companies whose offices reside in St. Charles County are
required to submit a copy of their paid personal property taxes.

Internal Office Use
License No. _____
Bond Expiration Date _____
PP Tax _____ Waiver _____